



What Are Respite
& Companion
Services?

What Are Respite Services?

Respite services are available to bring someone into your home to provide temporary (short-term) assistance and supports to you so that your unpaid primary caregiver(s) (for example family members) can have the time they need to take care of other family members or do things for themselves. Respite can also be provided to individuals who receive paid personal care services, as long as you don't have both services at the same time. A respite worker assists you at home or in the community doing the same tasks your regular caregiver does.

Using respite is very important for caregivers. Caregiving can be stressful and, without respite, caregivers may become emotionally and physically exhausted and unable to support you effectively.

Respite services can involve:

- Supports provided to you in your home
- Supports in an adult day program
- Your receiving temporary overnight supports in a residential setting or facility.



Individuals providing respite should be able to perform the tasks the caregiver would normally perform during the respite period.

How Do I Get Respite Services?

- **You can pay for them yourself.** You can always use your own money to pay for respite services. You can choose from for-profit or non-profit agencies (this is called agency-directed services), or hire an individual you choose yourself instead of going through an agency (this is called consumer-directed services).
- **Medicaid may be able to pay for them.** Respite services are available to you if you use one of the following Medicaid Waivers:
 - ✓ HIV / AIDS
 - ✓ Elderly or Disabled with Consumer Direction (EDCD)
 - ✓ Mental Retardation / Intellectual Disability (MR / ID)
 - ✓ Individual and Family Developmental Disability Supports (IFDDS or DD)
 - ✓ Technology Assisted (skilled respite only)
 - ✓ Children's Mental Health

If you use any of these waivers, you may get your respite services from an agency, or (except for the Technology Assisted Waiver), you may consumer-direct your respite services if you meet the requirements. You can choose to scheduled respite services on a regular basis if you prefer.

You may receive up to 720 Medicaid-funded respite hours per calendar year. This means that whether you receive respite services through an agency or through consumer-direction, the total hours of both agency-provided and consumer-directed respite services cannot exceed 720 hours in any calendar year. There is one exception to this rule – if you use the Technology Assisted Waiver, you may receive only up to 360 hours of skilled respite in any calendar year.

- **Your local Department of Social Services may be able to pay for them.** If you do not qualify for Medicaid, you can call your local Department of Social Services (DSS) to see if they can help you.

What Are Companion Services?

Companion services provide someone to help you do activities like shop, do household chores, prepare meals, and take you to community functions. Companion services provide non-medical care, socialization, or support. This service is provided in your home or at various locations in the community. With this service you get:

- ⇒ More opportunities to meet and know people in your community.
- ⇒ The ability to choose what you want to spend your money on when you shop, and make your home a more welcoming place by your standards to live in and have guests.
- ⇒ Help participating in community activities that you enjoy or that might interest you.



How Do I Get Companion Services?

- You can pay for them yourself. You can always use your own money to pay for companion services. A doctor's order is not required. You can choose from for-profit or non-profit agencies (this is called agency-directed services), or hire an individual you choose yourself instead of going through an agency (this is called consumer-directed services).
- Medicaid may be able to pay for them. If you are 18 years old or older and use the Mental Retardation / Intellectual Disabilities (MR / ID) Waiver, the Individual and Family Developmental Disabilities Support Waiver (IFDDS or "DD" Waiver), or the Children's Mental Health Waiver, Medicaid may pay for either agency-directed or consumer-directed (CD) companion services, or a combination of the two.

A companion cannot support two individuals at the same time.

CD companion services do not include hands-on nursing services. This means that a companion cannot provide, for example, care associated with ventilators, continuous tube feedings, or suctioning of airways.

CD services are paid an hourly rate. The Medicaid fiscal agent pays the companion on your behalf.

The amount of Medicaid CD companion services, either as a stand alone service or combined with services provided by an agency may not exceed eight hours per 24-hour day. CD companion services cannot be provided by adult foster care providers or any other paid caregivers.

- Your local Department of Social Services may be able to pay for them. If you do not qualify for Medicaid, you can call your local Department of Social Services (DSS) to see if they can help you. You do not have to show that you need assistance with your daily living activities or that you have medical or nursing needs to qualify for companion services from DSS. For example, if you have a sensory disability, you may qualify for companion assistance from DSS even though you do not qualify for Medicaid-reimbursed companion services.